FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Rayhar Legacy, LLC Regulation D Offering	ASO PECINIC SA
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	1801
1. Enter the information requested about the issuer	Ed 2
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Rayhar Legacy, LLC	E TO SECUL
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
20 N. Main Street, Suite 401, St. George, UT 84770	435-634-5411
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
The Company will make short term real estate and business loans	
	clease specify): PROCESSED
business trust limited partnership, to be formed	C DEC 0 / 2000
Month Year	DEC 0 4 2006
Actual or Estimated Date of Incorporation or Organization: 10 05 Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	THOMSON FINANCIAL

GENERAL INSTRUCTIONS

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Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

Do

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	<u>.</u>	A. BASIC ID	ENTIFICATION DATA		
2. Enter the information re	equested for the fo	llowing:			
Each promoter of	the issuer, if the is	suer has been organized v	within the past five years;		
 Each beneficial ow 	vner having the pow	ver to vote or dispose, or d	irect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer
		-	corporate general and ma	naging partners of p	artnership issuers; and
Each general and i	managing partner o	of partnership issuers.			····
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Isom, Michael	if individual)				
Business or Residence Addre 20 N. Main Street, Suite			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)		· · · · · · · · · · · · · · · · · · ·		
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	if individual)			· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		····		
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)	····			

Business or Residence Address (Number and Street, City, State, Zip Code)

Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes No					В. Т	NFORMAT	ION ABOU	T OFFERI	NG				
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual? Yes No Yes No Get Table the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		the issuer so	ld. or does t	he issuer i	ntend to se	ll, to non-a	ccredited i	nvestors in	this offer	ing?	**************		- · · -
2. What is the minimum investment that will be accepted from any individual? 3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitualism of purchasers in connection with sales of securities in the offering. If a person to be listed in an essociated person or agent of a broker or dealer registered with the SEC and/or with a state or states, it is the name of the broker or dealer. If more than fives (5) persons to be listed are associated persons of such a broker or dealer, you may et forth the information for that broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. The more than fives (5) persons to be listed are associated persons of such a broker or dealer, you may et forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) All States All States in Which Person Listed Has Solicited or Int			,									_	_
3. Does the offering permit joint ownership of a single unit? 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remaneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agen of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer, or may set forth the information for that broker or dealer gistered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	2. Wh	25 000 00											
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IL IN IA KS KY LA ME MD MA MI MN MS MO													
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR													

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sum \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	. Debt	10,000,000.00	\$_0.00
	Equity	5	\$
	Common Preferred		,
	Convertible Securities (including warrants)	S	S
	Partnership Interests	5	\$
	Other (Specify)		
	Total	10,000,000.00	\$_0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	0	\$_0.00
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
ļ	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$ 0.00
	Printing and Engraving Costs		\$ 0.00
	Legal Fees	_	\$ 0.00
	Accounting Fees		\$ 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify)		\$ 0.00
	Total		\$ 0.00

L	C. OFFERING PRICE, NUMBI	ER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offerin and total expenses furnished in response to Part C — Q proceeds to the issuer."	duestion 4.a. This difference is the "adjusted gross		10,000,000.00
5.	Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	purpose is not known, furnish an estimate and he payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		S 0.00	s 0.00
	Purchase of real estate		\$_0.00	□\$ <u>0</u>
	Purchase, rental or leasing and installation of mach		s_0.00	\$0.00
	Construction or leasing of plant buildings and facili	ities	\$ 0.00	s 0.00
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets issuer pursuant to a merger)	s or securities of another	□ \$ <u></u> 0.00	\$ 0.00
	Repayment of indebtedness		\$ 0.00	\$ 0.00
•	Working capital			₹ 7,000.00
	Other (specify):		<u>\$</u>	\$ 7,000.00
	-1		\$	Z s 7,000.00
	Column Totals		\$ <u>_0.00</u>	\$ 21,000.00
	Total Payments Listed (column totals added)		[\$ <u>2</u>	1,000.00
		D. FEDERAL SIGNATURE	· 	-
sigi	sissuer has duly caused this notice to be signed by the unature constitutes an undertaking by the issuer to furni information furnished by the issuer to any non-accret	sh to the U.S. Securities and Exchange Commis	sion, upon writte	ile 505, the following on request of its staff,
Issu	er (Print or Type)	Signature	Date	
Ra	yhar Legacy, LLC	WA	//-/-	06
Nar	ne of Signer (Print or Type)	Fitle of Signer (Print or Type)	-	
	MICHAEL ISOM	MONAGETZ.		
_	T Comment			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

<u> </u>		E. STATE SIGNATURE		
1.		0.262 presently subject to any of the disqualification Yes No		
		See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby unde D (17 CFR 239.500) at such times	takes to furnish to any state administrator of any state in which this notice is filed a notice on Form is required by state law.		
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by t issuer to offerees.			
4.	limited Offering Exemption (ULOE	nat the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform of the state in which this notice is filed and understands that the issuer claiming the availability establishing that these conditions have been satisfied.		
	ner has read this notification and knows thorized person.	the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned		
Îssuer (Print or Type)	Signature Date		
Rayhar	Legacy, LLC	WIN 11-1-06		
	Print or Type)	Title (Print or Type) MANAGETE		
N	MICHAEL ISOM	MANAGER		
		······································		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.